



05-24-05

TM 2141 #

Express Mail Mailing Label No. EV630987306US

TRANSMITTAL FORM

	Application Serial Number	09/886,611
	Filing Date	June 21, 2001
	First Named Inventor	Sylor
	Group Art Unit	2141
	Examiner Name	Shingles, Kristie D.
	Attorney Docket No.	CON-005
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

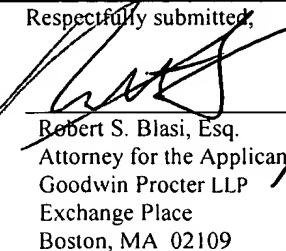
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.)	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Check Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Amendment/Response (10 pgs.)	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> CD(s) for large table or computer program	<input checked="" type="checkbox"/> Replacement Drawing Sheet (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	<input checked="" type="checkbox"/> Annotated Drawing Sheet (1 pg.)
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator
Goodwin Procter LLP
Exchange Place
Boston, MA 02109
Tel. No.: (617) 570-1000
Fax No.: (617) 523-1231
Customer No. 051414

Date: May 23 2005
Reg. No. 50,389
Tel. No.: (617) 570-1408
Fax No.: (617) 523-1231

Respectfully submitted,

Robert S. Blasi, Esq.
Attorney for the Applicant
Goodwin Procter LLP
Exchange Place
Boston, MA 02109